

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKAHMADOCI SANKARA
1818 HAZEN STREET
EAST ELMHURST NY 11370

15CV 8471

(In the space above enter the full name(s) of the plaintiff(s).)

COMPLAINT

under the

Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

-against-

ICE POLICE OFFICER WHO
DETAINER ME INCARCERATED
UNLAWFULLY IN DETENTION
BAFALO BATAVIA NEW YORK
FEDERAL DETENTION ARREST
DATE 2012-02-04 ARREST CASE
NUMBER 2462527387 ARREST
AGENCY N.Y ICE 4200Jury Trial: ☒ Yes ☐ NoRECEIVED
SDNY PRO SE OFFICE
2015 OCT 27 PM 3:18

ET AL.

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name AHMADOCI SANKARA
ID # 3491502709 • IMMIGRATION CASE • AGEN. 9752885
Current Institution 1818 HAZEN STREET
Address EAST ELMHURST NEW YORK 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name ICE POLICE OFFICER IMMIGRATION
Where Currently Employed WORK BAFALO BATAVIA
Address NEW YORK FEDERAL DETENTION

Defendant No. 2 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 3 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 4 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 5 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur?
ICE Federal detention center Batavia, New York 14020
- B. Where in the institution did the events giving rise to your claim(s) occur?
N/A
- C. What date and approximate time did the events giving rise to your claim(s) occur?
02/04/13

D. Facts:

What happened to you?

Who did what?

Was anyone else involved?

Were else say what happened?

I was ordered to be deported & at that point the ICE officer asked me for my passport. He got my passport & he was trying to get my travel documents from my embassy to remove me. He was unable to get my travel documents within 90 days which means I was supposed to be released. I was not released & was given another 90 days of unlawful detention. I was not released after 180 days & was given another 90 days of unlawful detention. ~~After~~ Before my 270th day I put in a Habeas Corpus at which point my Federal judge released me. The ICE arrest case # 162527387 / Arresting agency NYICE1200. My alien # 097528851

USC title 18 part 1 chapter 13 § 242 Deprivation of rights under color of law.

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

I sustained injuries due to pain and suffering from mental anguish. Because of my unlawful detention I was taking a lot of medication for my depression.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s)

ICE/ERO Baticia Detention F, NY ICE 200
Baticia New York 14020

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐

If YES, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

YES

Which claim(s) in this complaint did you grieve?

COMPLAINT - MY
LEGAL PAPERS UNLAWFULLY DETAINER

2. What was the result, if any?

NO REFERR

\$

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

I WRITE IMMIGRATION IN
WASHINGTON DC

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

N/A

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

when and how, and their response, if any:

~~NO RESET~~ N/A

G.

Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

N/A

Note:

You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V.

Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). I am seeking monetary compensation in the sum of \$7,000,000 dollars. Because I was unlawfully detained which resulted into me suffering mental anguish. This constitutes cruel and unusual punishment. I would also like to be granted citizenship plus my green card.

VI.

Previous lawsuits:

A.

Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ___ No ☒

On these claims

B.

If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff

Defendants

2. Court (if federal court, name the district; if state court, name the county)

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending? Yes ☐ No ☐

If NO, give the approximate date of disposition

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)

On
other
sheet

C.

Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ☐ No ☒

D.

If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff

Defendants

2. Court (if federal court, name the district; if state court, name the county)

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending? Yes ☐ No ☐

If NO, give the approximate date of disposition

7. What was the result of the case? (For example: Was the case dismissed? Was judgment in your favor? Was the case appealed?)

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 17 day of OCTOBER, 2015.

Signature of Plaintiff

SANJANA H. MARCO

Inmate Number

3491502709

Institution Address

1818 HAZEN STREET

EAST ELMHURST

NEW YORK 11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 17 day of OCTOBER, 2015 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

SANJANA H. MARCO

AHMADOU SANKARA
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1818 HAZEN STREET
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NEW YORK 11370

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PRO SE CK
POLIS CLERK

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
THE DANIEL PATRICK MOYNIHAN
UNITED STATES COURTHOUSE
500 PEARL STREET, NEW YORK, NY 10007-1311



LEGAL MAIL

